IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Todd A. Wolford, et al.)
Serial No.: 10/659,812) Group: 3733
Filed: September 11, 2003)
Title: ORTHOPAEDIC REAMER DR	IVER)
FOR MINIMALLY INVASIVE SURC	GERY) Examiner: J. Swiger III

AMENDMENT TRANSMITTAL SHEET

MS AF

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as follows:

CLAIMS AS AMENDED									
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	13	MINUS	25	0	x \$25 x \$50	0.00			
INDEPENDENT CLAIMS	2	MINUS	4	0	x \$100 x \$200	0.00			
FEE FOR MULTIPLE CLAIMS \$130/\$260									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									

1	A check in	the amount of $$0.00$	is enclosed to cover	the additional fees.	(Check)
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A check in the amount of \$_ to cover the Extension fee for response within the () month is enclosed.

Applicants authorize the additional fees in the amount of \$_ be charged to Deposit Account No. 20-0095,

TAYLOR & AUST, P.C.

Respectfully submitted,

/Kelly R. Bailey/

Kelly R. Bailey Attorney for Applicant

Enc: Return Postcard TAYLOR & AUST, P.C. 142 S. Main Street P.O. Box 560 Avilla, IN 46710 Telephone: 260-897-3400 Facsimile: 260-897-9300